

New Jersey Individual Health Coverage Program Board

April 2005

SINGLE	Plan A/50				Plan B		Plan C		Plan D		HMO Plans				Standard Plan Rate Guarantee	Basic and Essential Plan Type
	\$1,000 Deduct	\$2,500 Deduct	\$5,000 Deduct	\$10,000 Deduct	\$1,000 Deduct	\$2,500 Deduct	\$1,000 Deduct	\$2,500 Deduct	\$500 Deduct	\$1,000 Deduct	\$10 Copay	\$15 Copay	\$20 Copay	\$30 Copay		
Aetna Life Insurance Company	643.00	529.00	-	-	756.00	654.00	859.00	739.00	2,193.00	1,606.00	-	-	-	-	12 mos	Ind/A-G-L
Aetna Health Inc.	-	-	-	-	-	-	-	-	-	-	883.80	724.00	601.70	527.80	12 mos	
AmeriHealth HMO, Inc.	-	-	-	-	-	-	-	-	-	-	1,157.00	824.00	635.00	425.00	none	HMO/A-G
Celtic Insurance Company	1,219.00	1,080.00	-	-	1,528.00	1,375.00	4,419.00	3,352.00	9,398.00	6,009.00	-	-	-	-	3 mos	Ind/A-G
CIGNA HealthCare	-	-	-	-	-	-	-	-	-	-	797.18	747.12	668.67	-	none	HMO-A
Health Net of NJ	-	-	-	-	-	-	-	-	-	-	786.42	769.12	687.33	-	none	HMO/A-G
Horizon Blue Cross Blue Shield of NJ	942.05	810.34	509.50	328.55	1,028.36	876.25	1,442.93	891.67	2,867.77	1,999.22	-	-	-	-	12 mos	Ind/CR
Horizon HealthCare of NJ HMO Blue	-	-	-	-	-	-	-	-	-	-	517.54	493.78	-	410.91	12 mos	-
Oxford Health Insurance Company	509.10	424.37	352.28	305.49	757.70	631.79	953.51	733.69	1,351.08	1,128.20	-	-	-	-	12 mos	EPO/A-G-L
Oxford Health Insurance Company (PPO)	-	-	-	-	-	-	460.99	370.46	-	508.39	-	-	-	-	12 mos	-
Oxford Health Plans	-	-	-	-	-	-	-	-	-	-	-	571.47	510.90	439.39	12 mos	-
United Health Care Insurance Company	1,089.05	858.87	-	-	1,396.91	1,146.59	1,438.62	1,208.44	3,055.63	1,821.30	-	-	-	-	none	-
United Health Care Plan	-	-	-	-	-	-	-	-	-	-	-	779.13	-	599.91	12 mos	HMO/CR

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ADULT & CHILD	Plan A/50				Plan B		Plan C		Plan D		HMO Plans				Standard Plan Rate Guarantee	Basic and Essential Plan Type
	\$1,000 Deduct	\$2,500 Deduct	\$5,000 Deduct	\$10,000 Deduct	\$1,000 Deduct	\$2,500 Deduct	\$1,000 Deduct	\$2,500 Deduct	\$500 Deduct	\$1,000 Deduct	\$10 Copay	\$15 Copay	\$20 Copay	\$30 Copay		
Aetna Life Insurance Company	1,111.00	911.00	-	-	1,299.00	1,107.00	1,463.00	1,256.00	3,827.00	2,773.00	-	-	-	-	12 mos	Ind/A-G-L
Aetna Health Inc.	-	-	-	-	-	-	-	-	-	-	1,592.40	1,304.50	1,084.20	951.00	12 mos	
AmeriHealth HMO, Inc.	-	-	-	-	-	-	-	-	-	-	2,106.00	1,500.00	1,156.00	773.00	none	HMO/A-G
Celtic Insurance Company	2,133.00	1,890.00	-	-	2,675.00	2,406.00	7,734.00	5,865.00	16,447.00	10,517.00	-	-	-	-	3 mos	Ind/A-G
CIGNA HealthCare	-	-	-	-	-	-	-	-	-	-	1,434.92	1,344.82	1,203.61	-	none	HMO-A
Health Net of NJ	-	-	-	-	-	-	-	-	-	-	1,337.05	1,307.64	1,168.58	-	none	HMO/A-G
Horizon Blue Cross Blue Shield of NJ	1,669.21	1,435.96	902.77	582.18	1,822.27	1,552.59	2,560.21	1,582.20	5,280.95	3,547.63	-	-	-	-	12 mos	Ind/CR
Horizon HealthCare of NJ HMO Blue	-	-	-	-	-	-	-	-	-	-	793.83	757.44	-	630.29	12 mos	-
Oxford Health Insurance Company	941.84	785.08	651.72	565.16	1,401.75	1,168.81	1,763.99	1,357.33	2,499.50	2,087.17	-	-	-	-	12 mos	EPO/A-G-L
Oxford Health Insurance Company (PPO)	-	-	-	-	-	-	852.83	685.35	-	940.52	-	-	-	-	12 mos	-
Oxford Health Plans	-	-	-	-	-	-	-	-	-	-	-	1,085.79	970.71	834.84	12 mos	-
United Health Care Ins. Co	2,134.52	1,683.38	-	-	2,737.93	2,247.32	2,819.70	2,368.56	5,989.04	3,569.76	-	-	-	-	none	-
United Health Care Plan	-	-	-	-	-	-	-	-	-	-	-	1,527.10	-	1,175.84	12 mos	HMO/CR

- > These are monthly premium rates in effect for new business and renewals which occur during the month shown at the top of this page. Contact the carriers or your agent for rates for subsequent months.
- > The PPO plan rates shown are listed according to the out-of-network benefit level. A PPO plan listed under Plan C, for example, means that the out-of-network coinsurance is based on Plan C (70%/30% coinsurance).
- > Contact Oxford Health Insurance for details on the plan design for the available PPO products.

- > Listed under the "Basic and Essential Plan Type" heading is general information regarding the plan offered by each carrier that is making a basic and essential health care services plan available. The plans are not standard plans.
 "Ind" means the plan is issued as an indemnity plan, "HMO" means the plan is issued as a health maintenance organization plan and "EPO" means the plan is issued as an exclusive provider organization plan.
 The letters that follow the plan type indicate the rating used for the plan. "A" means the rates are based on age; "G" means the rates are based on gender; "L" means the rates are based on geographic location.
 "CR" means the rates are community rated. Contact the carriers for more information.

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TWO ADULTS	Plan A/50				Plan B		Plan C		Plan D		HMO Plans				Standard Plan Rate Guarantee	Basic and Essential Plan Type
	\$1,000 Deduct	\$2,500 Deduct	\$5,000 Deduct	\$10,000 Deduct	\$1,000 Deduct	\$2,500 Deduct	\$1,000 Deduct	\$2,500 Deduct	\$500 Deduct	\$1,000 Deduct	\$10 Copay	\$15 Copay	\$20 Copay	\$30 Copay		
Aetna Life Insurance Company	1,286.00	1,058.00	-	-	1,513.00	1,280.00	1,717.00	1,471.00	4,391.00	3,223.00	-	-	-	-	12 mos	Ind/A-G-L
Aetna Health Inc.	-	-	-	-	-	-	-	-	-	-	1,767.60	1,447.90	1,203.40	1,055.50	12 mos	
AmeriHealth HMO, Inc.	-	-	-	-	-	-	-	-	-	-	2,314.00	1,648.00	1,270.00	850.00	none	HMO/A-G
Celtic Insurance Company	2,840.00	2,517.00	-	-	3,561.00	3,203.00	10,297.00	7,809.00	21,898.00	14,002.00	-	-	-	-	3 mos	Ind/A-G
CIGNA HealthCare	-	-	-	-	-	-	-	-	-	-	1,538.55	1,441.94	1,290.54	-	none	HMO-A
Health Net of NJ	-	-	-	-	-	-	-	-	-	-	1,415.41	1,384.27	1,237.07	-	none	HMO/A-G
Horizon Blue Cross Blue Shield of NJ	2,267.18	1,950.41	1,226.20	790.77	2,475.19	2,108.85	3,440.63	2,126.38	7,096.94	4,767.65	-	-	-	-	12 mos	Ind/CR
Horizon HealthCare of NJ HMO Blue	-	-	-	-	-	-	-	-	-	-	1,106.78	1,056.08	-	878.79	12 mos	-
Oxford Health Insurance Company	1,018.20	848.74	704.56	610.98	1,515.40	1,263.58	1,907.02	1,467.38	2,702.16	2,256.40	-	-	-	-	12 mos	EPO/A-G-L
Oxford Health Insurance Company (PPO)	-	-	-	-	-	-	921.98	740.92	-	1,016.78	-	-	-	-	12 mos	-
Oxford Health Plans	-	-	-	-	-	-	-	-	-	-	-	1,142.94	1,021.80	878.78	12 mos	-
United Health Care Ins. Co	2,178.09	1,717.73	-	-	2,793.81	2,293.18	2,877.25	2,416.89	6,111.27	3,642.60	-	-	-	-	none	-
United Health Care Plan	-	-	-	-	-	-	-	-	-	-	-	1,558.27	-	1,199.83	12 mos	HMO/CR

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FAMILY	Plan A/50				Plan B		Plan C		Plan D		HMO Plans				Standard Plan Rate Guarantee	Basic and Essential Plan Type
	\$1,000 Deduct	\$2,500 Deduct	\$5,000 Deduct	\$10,000 Deduct	\$1,000 Deduct	\$2,500 Deduct	\$1,000 Deduct	\$2,500 Deduct	\$500 Deduct	\$1,000 Deduct	\$10 Copay	\$15 Copay	\$20 Copay	\$30 Copay		
Aetna Life Insurance Company	1,754.00	1,440.00	-	-	2,055.00	1,733.00	2,321.00	1,989.00	6,025.00	4,390.00	-	-	-	-	12 mos	Ind/A-G-L
Aetna Health Inc.	-	-	-	-	-	-	-	-	-	-	2,641.60	2,164.00	1,798.50	1,577.50	12 mos	
AmeriHealth HMO, Inc.	-	-	-	-	-	-	-	-	-	-	3,263.00	2,324.00	1,791.00	1,198.00	none	HMO/A-G
Celtic Insurance Company	2,852.00	2,528.00	-	-	3,576.00	3,217.00	10,341.00	7,843.00	21,992.00	14,062.00	-	-	-	-	3 mos	Ind/A-G
CIGNA HealthCare	-	-	-	-	-	-	-	-	-	-	2,216.15	2,077.00	1,858.91	-	none	HMO-A
Health Net of NJ	-	-	-	-	-	-	-	-	-	-	1,887.69	1,846.16	1,649.84	-	none	HMO/A-G
Horizon Blue Cross Blue Shield of NJ	2,380.66	2,047.93	1,287.54	830.32	2,598.91	2,214.30	3,612.62	2,232.55	7,451.90	5,006.02	-	-	-	-	12 mos	Ind/CR
Horizon HealthCare of NJ HMO Blue	-	-	-	-	-	-	-	-	-	-	1,567.30	1,495.51	-	1,244.46	12 mos	-
Oxford Health Insurance Company	1,450.94	1,209.45	1,004.00	870.65	2,159.45	1,800.60	2,717.50	2,091.02	3,850.58	3,215.37	-	-	-	-	12 mos	EPO/A-G-L
Oxford Health Insurance Company (PPO)	-	-	-	-	-	-	1,313.82	1,055.81	-	1,448.91	-	-	-	-	12 mos	-
Oxford Health Plans	-	-	-	-	-	-	-	-	-	-	-	1,714.41	1,532.70	1,318.17	12 mos	-
United Health Care Ins. Co	3,223.57	2,542.24	-	-	4,134.84	3,393.91	4,258.33	3,577.00	9,044.67	5,391.06	-	-	-	-	none	-
United Health Care Plan	-	-	-	-	-	-	-	-	-	-	-	2,306.24	-	1,775.75	12 mos	HMO/CR

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